Hillmond Minor Hockey Registration Form

Please select one: ☐ U7 ☐ U9 ☐ U11 ☐ U13 ☐ U15 ☐ U18

Player Information	
First Name	
Last Name	
Date of Birth (MM-DD-YYYY)	
Last Team Registered (if not Hillmond)	

Parent/Guardian Information			
Father's Name		Mother's Name	
Land Location		Land Location	
Address		Address	
City/Province		City/Province	
Postal Code		Postal Code	
Cell #		Cell #	
Email		Email	

WAIVER

I, the undersigned, acknowledge that Hillmond Minor Hockey Association, or members thereof, are not responsible for any personal damage or loss of any kind that may be sustained as a result of participating in any event sanctioned or sponsored by the Hillmond Minor Hockey Association or its affiliates.

_____ _____

Parent/Guardian Signature Date